

This Memorandum

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper No. N/A
 Carrier No. CAD00000812
 Date 10-17-94

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Laidlaw Environmental Services

(Name of carrier)

(SCAC)

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

TO: Douglas Aircraft Company- C1

Street 3855 Lakewood Blvd.

City Long Beach State CA Zip Code 90846

FROM: Shipper Douglas Aircraft Company- C6

Street 19503 South Normandie Avenue

City Torrance State CA Zip Code 90502

24 hr. Emergency Contact Tel. No. 1-800-242-9300 (Chemtrac)

Route				Number		
No. of Units & Container Type	HM	BASIC DESCRIPTION Proper Shipping Name, Hazard Class Identification Number (UN or NA) per 172.101, 172.202, 172.203	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
1 Tank Truck	PO, X	Sodium hydroxide solution, 8, UN1824, PG II	4,700 Gallons	39,320 Pounds		

PLACARDS TENDERED: YES ☒ NO ☐ Corrosive

Note — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ _____ per _____

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and are in all respects in proper condition for transport by Highway + Water (DELETE NON-APPLICABLE MODE OF TRANSPORT) according to applicable international and national governmental regulations.

Robert G. Tuell, Jr.

REMIT C.O.D. TO: ADDRESS

COD Amt: \$

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES
 FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collected

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of

said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Douglas Aircraft Company- C6

PER Robert G. Tuell, Jr.

CARRIER Laidlaw Environmental Services

PER Tomie Hunt
 DATE 10-17-94

Permanent post-office address of shipper.

STYLE F60 LABELMASTER, Div. of American Labelmark Co., Chicago, IL 60646 312/478-0900

WEIGHT TICKET

VENDOR:

Laidlaw Env.

GROSS

74,23

TRUCK #:

16050 16006T

TARE

34,91

DATE:

10-17-94

NET

39,32

CONTENTS:

Sodium Hydroxide Solution from Tank 258 B

DISPOSAL FACILITY:

DRUM COUNT

DRIVER:

TAMIE HUNT

GALLONS

STATE MANIFEST DOCUMENT NUMBER:

Bill of L
10-17-94




**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324
HAZARDOUS WASTE HAULER REGISTRATION # 1431
MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DOWDALL DOUGLAS CO. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

TORRANCE
DATE 10/17/94 TIME OF WASTE REMOVAL 8:20 GENERATOR SITE _____ TCI DRIVER PETE

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>WASTE</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____
EXCHANGED @ PICKUP _____
GENERATOR SIGNATURE [Signature] DATE 10/17/94
WEIGHMASTER SIGNATURE _____ DATE _____
T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

NO. **66380**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS COPY